TRAVEL EXPENSE CLAIM												1 1				
STD. 262 (REV. 6/93)							Page						eofPages			
CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER* DEPART						MENT			
Anthony P. Sauer			1								abilitation					
					CB/ID NUMBER		DIVISION OR BUREAU									
813-001-9785-001					E99		Director's Office HEADQUARTERS ADDRESS						TELEPHONE NUMBER			
							721 Capitol Mall						(916) 558-58	200		
CITY			ZIP CODE		1/2   Θαριτοί Ινιαίι						STATE ZIP CODE					
					Sacramento						CA		95814			
MONTH	(1) YEAR	(3)	(4)	(5)	MEALS	0 40.40	(6)	(7)	TPAN	SPORTAT	ION		(8)	(9)		
Nov	2009	LOCATION	(4)	(0)	WEALO	O.T., L/T	(0)	(A)	(B)	(C) TOLLS,		(D)	(0)	TOTAL		
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C, REL0,	INCIDEN-	COST OF	TYPE	CARFARE,		TE CAR USE	1	EXPENSES		
DAY	TIME	Sacramento to		FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
15	900	Phoenix, AZ	189.74		10.00	18.00	6	то	PC A	12.00	62	34.10		269.84		
15	900	I HOCHIA, AZ	109.74		10.00	18.00	0	10	A	12.00	02	34.10		209.04		
16		CSAVR Fall Conf.	189.74	6.00		18.00	6.00					0.00		219.74		
17		CSAVR Fall Conf.	189.74	6.00	10.00	18.00	6.00					0.00		229.74		
40		Phoenix, AZ to			40.00					12.00						
18	1700	Sacramento		6.00	10.00	)			PC	60.00	15	8.25		96.25		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
(10)																
SUBTOTALS 569.22 CLAIM CODE (ACCTG. USE ONLY)			18.00	30.00	54.00	18.00	0.00		84.00	77	42.35	0.00	815.57			
CLAIM CODE (AC	CCTG. US	SE ONLY)														
													œ.			
		IM TOTAL										(12) NORMAL	WORK HOURS	815.57		
(11) PURPOSE OF TRI	P, REMARK	S AND DETAILS (Attach receipts)	/vouchers when re	equired)								,				
Director's Office 0	01 -		Nov 15-18, 2	2009 repre	sented Ca	lifornia at t	the CSA\	/R Fall Co	onfer	ence	-	(13) PRIVATE	VEHICLE LICENSE NUIV	BER		
in Phoenix, AZ											<u>-</u>					
											•	(14) MILEAGE	RATE CLAIMED	\$0.550		
											•					
													AGENCY ACCOUNTING OFFICE USE ONLY ID BY REVOLVING FUND CHECK NUMBER			
											•					
(15) I HEREBY CERTIFY Th	at the above is	a true statement of the travel expenses	incurred by me in acc	cordance with DF	PA rules in the se	rvice of the Stat	e of California	. If a privately								
owned vehicle was used, and	d if mileage rate	es exceed the minimum rate, I certify tha	t the cost of operating	the vehicle was	equal to or grea	iter than the rate	claimed, and	that I have								
met the requirements as pre-	scribed by SAM	1 Sections 0750, 0751, 0752, 0753 and 0	754 pertaining to veh	nicle safety and s	seat belt usage.											
CLAIMANT'S SIGNATURE						(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYME					PAYMENT	DATE				
> Original signed by Anthony Sauer						> Original signed by Luciana Profa						ofaca				
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)											DATE					
>																
<del></del>									_							